DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

September 5, 1989

ALL COUNTY LETTER NO. 89-80

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IMPLEMENTATION OF CHANGES IN EARNED INCOME DISREGARDS AND EARNED INCOME TAX CREDIT UNDER THE FAMILY SUPPORT ACT OF 1988.

REFERENCE: ACIN I-43-89, DATED JUNE 23, 1989
ACL 89-69, DATED JULY 31, 1989

On October 1, 1989, AFDC regulations (RDB No. 0389-05) are scheduled to take effect implementing changes in the treatment of Earned Income Tax Credit (EITC) payments and the earned income disregards. The changes are required by passage of the Family Support Act (FSA) of 1988 (P.L. 100-485). The new regulations provide for an exclusion of the EITC payments, an increase in the dependent care and standard work expense disregards, and a modification of the application of the dependent care disregard in the grant computation. All EITC payments and other earned income received on or after the effective date of these regulations are affected by this change.

The effects of these regulations changes are:

- o EITC payments received on or after October 1, 1989, will be disregarded when determining eligibility and grant entitlement.
- o The standard work expense disregard will increase to $90.00.
- o The dependent care disregard will increase to $175.00 ($200.00 per month for a child under 2).
- o The dependent care disregard will be applied <u>after</u> the standard work expense and $30 and 1/3 disregards.

ACL 89-69 provided instructions necessary to implement the above regulations changes.

<u>REDUCED INCOME SUPPLEMENTAL PAYMENTS (RISP)</u>

Effective October 1, 1989, when calculating the estimated net earned income in RISP computations, the counties shall use the new

disregard amounts. Because the RISP computation calculates the estimated available income in the payment month, the new disregard amounts would apply commencing with October, 1989 RISP computations.

NOTICES

Any case which has a change in grant as a result of the above regulations changes must be sent a Notice of Action. The following language should be used for notification:

> "The Family Support Act of 1988 changed the way work expenses are figured. Some work expense disregards are now higher, and the order in which they are deducted from your gross earnings has changed. The change is shown on this notice."

This language need only be used one time and can be used in conjunction with other reasons for change to the grant.

REVISED FORMS

Attached to this letter are reference copies of the following forms which have been modified due to the EITC and income disregard changes:

AFDC Budget Worksheet, CA 30 (10/89)
Change/Approval, NA 200 (10/89)
Approval AFDC-State-U, NA 201 (10/89)
Approval AFDC-EA, NA 202, (10/89)
Deny, Discontinue, Suspend - Financial Eligibility and Lump Sum, NA 210 (10/89).

The AFDC Budget Worksheet (CA 30) was revised to reflect the new sequence of earned income disregards and to eliminate EITC. General clean-up of the form eliminated the Income Tax, Social Security and Disability Insurance deductions found on the prior revision (6/83).

Additional line items were added for proration and Homeless Assistance in the standard computation section on the front page. The computation for the 185% Gross Family Income Test was added to the top of the back page under income computation. Under the Net Income Computation a more detailed listing of the variances now allowable for child care disregards was added as well as extra lines under self-employment for business expenses.

The NA 200, NA 201, NA 202 and the NA 210 were changed to allow for the order of income disregard deductions. There were no other changes made to these forms.

NEW FORMS

Also, attached to this letter are reference copies of the following two new forms:

Continuation Page - Overpayment Computations, NA 274B (10/89)
Continuation Page, TEMP NA 276 (10/89)

The NA 274B was developed as a continuation page for the purpose of overpayments occurring on or after October 1, 1989. This form shows the new sequence of income disregard deductions and the addition of the 185% Family Gross Income Test at the top of the page. The form also includes extra "fill-in" lines to give flexibility to enter additional information if needed.

NOTE: The Continuation Page - Overpayment Computations, NA 274 (10/89) was revised to add the Family Gross Income Test (185%) and to format it similarly to the NA 274B. It is to be used for notification of overpayments prior to October 1, 1989. A copy is attached.

The TEMP NA 276 was developed as a continuation page to help counties deplete existing Notice of Action stock without having to destroy large quantities of old stock. It is useable only through April 1990. Counties interested in using this form may attach it to the prior revisions of the NA 200, NA 201, NA 202 or the NA 210. If this procedure is used, counties must cross out the computation section in the right hand column on the old revision and write "see attached" on the old form. Note that the TEMP NA 276 is similar to the NA 200 except for the sequence of income disregard deductions.

When the TEMP NA 276 is used with either the NA 201 or the NA 202, the additional statements found on the bottom of the NA 201 and the NA 202 pertaining to the eligibility timeframes for AFDC State-U and AFDC-EA, must be entered by counties onto the TEMP NA 276. Attachment I is a sample which shows what information counties must enter on the TEMP NA 276 when it is attached to the old revisions of either the NA 201 or the NA 202.

When the TEMP NA 276 is used with the NA 210, the additional statements found on the bottom of the NA 210 pertaining to Family Needs, Lump-Sum Ineligibility, etc., must be entered by counties onto the TEMP NA 276. Attachment 2 is a sample which shows what information counties must enter on the TEMP NA 276 when it is attached to the old revision of the NA 210.

TRANSLATIONS

The above forms, excluding the CA 30, will be translated into Spanish, Cambodian, Chinese, Lao, and Vietnamese. Camera-ready copies of the Asian translations of forms included in this package will be sent under separate cover from the Language Services Bureau to County Forms Coordinators who currently receive language translations.

STOCK

We expect the English language stock to be available in the DSS Warehouse by November. Stock of the Spanish translations will be available shortly thereafter.

The TEMP NA 276 will not be stocked in the DSS Warehouse. Counties must request camera-ready copies of this form in English and Spanish from the Forms Management Bureau at (916) 322-8738 or ATSS 492-8738. Camera-ready copies of the Asian translations of this form will be mailed under separate cover by the Language Services Bureau.

For counties which reproduce or print stock locally, camera-ready copies of the attached forms in English and Spanish can be requested from the Forms Management Bureau.

Stock orders for these forms should be submitted to the Department of Social Services Warehouse on the County Forms Order, GEN 727B, according to normal procedures.

If there are any policy issues regarding changes due to the Family Support Act, please contact Sandra Poole-Taylor, AFDC and Food Stamp Policy Implementation Bureau at (916) 324-2661 or ATSS 454-2661. If there are any questions regarding forms issues, please contact LeAnne Torres at (916) 324-2016 or ATSS 454-2016.

ROBERT A. HOREL
Deputy Director

cc: CWDA

Attachments

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

AFDC BUDGET WORKSHEET

CASE NAME: | CASE NUMBER: | WORKER NUMBER:

Payment Month_____ ASSISTANCE UNIT	Recipients	Check (✓) Federal	Check (✓) State Only
ADULTS 1.			
2.			
CHILDREN 1.			
2.			
3.			
4.			
5.			
6.			
TOTAL			
A. Maximum Aid Payment for _____ Persons	$		
1. Special Needs (Other than Homeless Assistance)	+		
	+		
2. Net Nonexempt Income (Enter Item (B) 12 from Reverse)	−		
B. Aid Payment (If less than $10, enter 0)	$ =		
Proration figure Date:	X .		
C. Prorated Aid Payment	$ =		
D. Homeless Assistance	+		
E. Overpayment Adjustment	−		
F. Adjusted Aid Payment	$ =		

Payment Month_____ ASSISTANCE UNIT	Recipients	Check (✓) Federal	Check (✓) State Only
ADULTS 1.			
2.			
CHILDREN 1.			
2.			
3.			
4.			
5.			
6.			
TOTAL			
A. Maximum Aid Payment for _____ Persons	$		
1. Special Needs (Other than Homeless Assistance)	+		
	+		
2. Net Nonexempt Income (Enter Item (B) 12 from Reverse)	−		
B. Aid Payment (If less than $10, enter 0)	$ =		
Proration figure Date:	X .		
C. Prorated Aid Payment	$ =		
D. Homeless Assistance	+		
E. Overpayment Adjustment	−		
F. Adjusted Aid Payment	$ =		

Payment Month_____ ASSISTANCE UNIT	Recipients	Check (✓) Federal	Check (✓) State Only
ADULTS 1.			
2.			
CHILDREN 1.			
2.			
3.			
4.			
5.			
6.			
TOTAL			
A. Maximum Aid Payment for _____ Persons	$		
1. Special Needs (Other than Homeless Assistance)	+		
	+		
2. Net Nonexempt Income (Enter Item (B) 12 from Reverse)	−		
B. Aid Payment (If less than $10, enter 0)	$ =		
Pro-ration figure Date:	X .		
C. Prorated Aid Payment	$ =		
D. Homeless Assistance	+		
E. Overpayment Adjustment	−		
F. Adjusted Aid Payment	$ =		

BUDGET RECOMPUTATION

G. Aid Payment Previously Authorized	$	G. Aid Payment Previously Authorized	$	G. Aid Payment Previously Authorized	$
H. Correct Aid Payment	$	H. Correct Aid Payment	$	H. Correct Aid Payment	$
I. Overpayment (If G larger than H)	$	I. Overpayment (If G larger than H)	$	I. Overpayment (If G larger than H)	$
J. Underpayment (If H larger than G)	$	J. Underpayment (If H larger than G)	$	J. Underpayment (If H larger than G)	$
EW INITIAL AND DATE / AUTHORIZATION DATE		EW INITIAL AND DATE / AUTHORIZATION DATE		EW INITIAL AND DATE / AUTHORIZATION DATE	

COMMENTS:

INCOME COMPUTATION

Ⓐ 185% INCOME TEST	Budget Month _____ for Payment Month _____	Budget Month _____ for Payment Month _____	Budget Month _____ for Payment Month _____
1. 185% of MBSAC plus Special Needs for _____ Persons	=		
2. Gross Income (B3 plus B9 plus excluded persons gross income)	=		
3. Gross Income Eligible (A1 exceeds A2)	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

Ⓑ NET INCOME COMPUTATION		Budget Month _____ for Payment Month _____			Budget Month _____ for Payment Month _____			Budget Month _____ for Payment Month _____		
		Person 1	Person 2	Person 3	Person 1	Person 2	Person 3	Person 1	Person 2	Person 3
1. Gross Earned Income	$									
2. Net Income from Self-Employment Earnings *(If applicable, calculate below)*	+									
3. Total Earned Income	=									
4. Standard Work Expense Disregard	–									
5. Disregard $30 (if applicable)	–									
6. Subtotal	=									
7. Disregard 1/3 of Subtotal (if applicable)	–									
8. Dependent Care Expense Disregard a) Full Time - Child(ren) over 2 years ____	–									
b) Full Time - Child(ren) under 2 years ____	–									
c) Part Time - Child(ren) over 2 years ____	–									
d) Part Time - Child(ren) under 2 years ____	–									
e) Incapacitated Individual	–									
9. Other Countable Income: *(Specify)*	+									
	+									
	+									
10. Court Ordered Child/Spousal Support Paid	–									
11. Net Nonexempt Income	$ =									
12. Total Net Nonexempt Income *(Enter in A 2 on Side 1)*		$ =			$ =			$ =		

Ⓒ EARNINGS FROM SELF-EMPLOYMENT				
1. Gross Earnings from Self-Employment	$			
2. Business Expenses: *(Specify)*	–			
	–			
	–			
	–			
	–			
	–			
	–			
3. Net Business Income (C1 minus C2. Enter in B2 above)	$ =			

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____
_____
_____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Monthly Cash Aid Amount

Your Countable Income in _____ (MONTH)		
Total Earned Income	$	_____
Work Expense Disregard	-	_____
$30 Disregard	-	_____
$30 and 1/3 Disregard	-	_____
Dependent Care Disregard	-	_____
Other Countable Income (list sources)		
_____	+	_____
_____	+	_____
_____	+	_____
Court Ordered Support Paid	-	_____
Net Countable Income	=	_____
Your Cash Aid In _____ (MONTH)		
Basic Aid for _____ Persons	$	_____
Special Needs	+	_____
Subtotal	=	_____
Net Countable Income	-	_____
Cash Aid Subtotal	=	_____
Overpayment adjustment (separate page)	-	_____
Monthly Cash Aid Amount	$	_____

Rules: These rules apply; you may review them at your welfare office.

YOUR HEARING RIGHTS

To Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free:	1-800-952-5253
If you are deaf and use TDD call:	1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child Support: The District Attorney's office will help you collect child support even if you are not on cash aid. There is no cost for this help. If they now collect child support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950)

NA BACK

HOW TO AS[illegible] FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page, and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) _____

Here's why: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I will bring this person to the hearing to help me (name and address, if known):

_____

_____

_____

I need an interpreter at no cost to me. My language or dialect is: _____

My name: _____

Address: _____

_____

Phone: _____

My signature _____

Date: _____

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____
: _____
_____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

At this time your family does not meet the rules for AFDC-U (Federal AFDC Unemployed Parent Aid Program). This program has no time limit.

Read the rules about AFDC-U on Page 2. If something changes you may be able to get AFDC-U. Contact your worker if something does change.

The county has approved your application for short-term cash aid. This short-term cash aid will be State-U (State AFDC Unemployed Parent Aid Program.)

A family can only get State-U for three months in any 12 month period.

Your Cash Aid will begin: _____

It will end: _____

This is the only notice you will get that your cash aid will stop.

When your State-U ends you may be able to get General Assistance. You must apply for it at the County Welfare Office.

☐ You will get another notice about your Medi-Cal.

Rules: These rules apply; you may review them at your welfare

Monthly Cash Aid Amount

Your Countable Income in _____ (MONTH)		
Total Earned Income	$	_____
Work Expense Disregard	-	_____
$30 Disregard	-	_____
$30 and 1/3 Disregard	-	_____
Dependent Care Disregard	-	_____
Other Countable Income (list sources)		
_____	+	_____
_____	+	_____
_____	+	_____
Court Ordered Support Paid	-	_____
Net Countable Income	=	_____
Your Cash Aid In _____ (MONTH)		
Basic Aid for _____ Persons	$	_____
Special Needs	+	_____
Subtotal	=	_____
Net Countable Income	-	_____
Cash Aid Subtotal	=	_____
Overpayment Adjustment (separate page)	-	_____
Monthly Cash Aid Amount	$	_____
During the first month you will get:	$	_____
During the last month, if nothing changes, you will get:	$	_____

YOUR HEARING RIGHTS

To Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free:	1-800-952-5253
If you are deaf and use TDD call:	1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child Support: The District Attorney's office will help you collect child support even if you are not on cash aid. There is no cost for this help. If they now collect child support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture (W. & I. Code Section 10950).

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page, and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) _____

Here's why: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I will bring this person to the hearing to help me (name and address, if known):

_____

_____

_____

I need an interpreter at no cost to me. My language or dialect is: _____

My name: _____

Address: _____

_____

Phone: _____

My signature _____

Date: _____

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

At this time your family does not meet the rules for AFDC-U (Federal AFDC Unemployed Parent Aid Program). This program has no time limit.

Read the rules about AFDC-U on Page 2. If something changes you may be able to get AFDC-U. Contact your worker if something does change.

The county has approved your application for short-term cash aid. This short-term cash aid will be EA (AFDC Emergency Assistance) or State-U (State AFDC Unemployed Parent Aid Program).

A family can get in any 12 month period:
a) EA for up to 30 days only one time and
b) State-U for two months.

Your Cash Aid will begin: _____

It will end: _____

This is the only notice you will get that your cash aid will stop.

When your State-U ends you may be able to get General Assistance. You must apply for it at the County Welfare Office.

☐ You will get another notice about your Medi-Cal.

Rules: These rules apply; you may review them at your welfare office: MPP 41-440.2, 41-440.4, 41-500, 41-609

Monthly Cash Aid Amount

Your Countable Income in _____ (MONTH)		
Total Earned Income	$	
Work Expense Disregard	-	
$30 Disregard	-	
$30 and 1/3 Disregard	-	
Dependent Care Disregard	-	
Other Countable Income (list sources)		
_____	+	
_____	+	
_____	+	
Court Ordered Support Paid	-	
Net Countable Income	=	
Your Cash Aid In _____ (MONTH)		
Basic Aid for _____ Persons	$	
Special Needs	+	
Subtotal	=	
Net Countable Income	-	
Cash Aid Subtotal	=	
Overpayment Adjustment (separate page)	-	
Monthly Cash Aid Amount	$	
During the first month you will get:	$	
During the last month, if nothing changes, you will get:	$	

YOUR HEARING RIGHTS

To Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free:	1-800-952-5253
If you are deaf and use TDD call:	1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child Support: The District Attorney's office will help you collect child support even if you are not on cash aid. There is no cost for this help. If they now collect child support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950)

NA 8ACK 6

HOW TO ASK FOR A STATE HEARING

The best way t(x for a hearing is to fill out this page. and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) _____

Here's why: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I will bring this person to the hearing to help me (name and address, if known):

_____

_____

_____

I need an interpreter at no cost to me. My language or dialect is: _____

My name: _____

Address: _____

_____

Phone: _____

My signature _____

Date: _____

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____
: _____
_____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Net Countable Income

Total Earned Income	$	_____
Work Expense Disregard	–	_____
$30 Disregard	–	_____
$30 and 1/3 Disregard	–	_____
Dependent Care Disregard	–	_____
Other Countable Income (list sources)		
_____	+	_____
_____	+	_____
_____	+	_____
Child Support Collected by the County (financial eligibility only).	+	_____
Court Ordered Support Paid	–	_____
(A) Net Countable Income	=	_____

Family Needs

Basic Need for _____Persons	$	_____
Special Needs	+	_____
(B) Family Needs	=	_____

☐ Lump Sum Ineligibility
Your net countable income (A) divided by your family needs (B) equals the number of ineligible months: _____
There is a remainder of $ _____
It counts against your grant in _____ (MONTH)

☐ You are not financially eligible in _____ (MONTH)

☐ You will get another notice about your Medi-Cal.

Rules: These rules apply; you may review them at your welfare office:

YOUR HEARING RIGHTS

To Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free:	1-800-952-5253
If you are deaf and use TDD call:	1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child Support: The District Attorney's office will help you collect child support even if you are not on cash aid. There is no cost for this help. If they now collect child support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950)

NA BACK 6

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) _____

Here's why: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I will bring this person to the hearing to help me (name and address, if known):

_____

_____

_____

I need an interpreter at no cost to me. My language or dialect is: _____

My name: _____

Address: _____

_____

Phone: _____

My signature _____

Date: _____

NOTICE OF ACTION
(Continued)

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____

Overpayment Amount Owed

Overpayment Month and Year:

(A) Family Gross Income							
a. _____	$						
_____	+						
_____	+						
Total Gross Income	=						
b. Basic Need for _____ Persons	$						
Special Needs	+						
Total Needs	=						
	X	1.85					
185% of Needs	=						

If "a" is larger than "b", you are not eligible and all the Cash Aid you got in the month is an overpayment. The amount of your overpayment is figured in (C) and (D) below.

(B) Net Countable Income							
Total Earned Income	$						
Work Expense Disregard	–						
_____	–						
_____	–						
Dependent Care Disregard	–						
_____	–						
_____	–						
$30 Disregard	–						
$30 and 1/3 Disregard	–						
Other Countable Income (List Sources)							
_____	+						
_____	+						
_____	+						
_____	+						
Court Ordered Support Paid	–						
Net Countable Income	=						
(C) Correct Cash Aid Payment							
Basic Aid Amount (# persons) $ Amount		( )	( )	( )	( )	( )	( )
Special Needs	+						
Net Countable Income	–						
_____	–						
_____	–						
Correct Cash Aid Amount	=						
Cash Aid Actually Received	$						
Support Payments Collected for You	–						
_____	–						
Subtotal A	=						
Correct Cash Aid Amount	$						
Support Payments Collected for You	–						
_____	–						
Subtotal B	=						
(D) Overpayment							
Amount of Overpayment (Subtotal A minus Subtotal B)	=						

Total Overpayment (All Months) $ _____

Rules: These rules apply; you may review them at your Welfare Office: MPP 44-352.41

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of Page 1 tells how.

NOTICE OF ACTION
(Continued)

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date :
Case Name :
Number :
Worker Number :

Overpayment Amount Owed

Overpayment Month and Year:

(A) Family Gross Income

a.		$					
		+					
		+					
Total Gross Income		=					
b. Basic Need for ____ Persons		$					
Special Needs		+					
Total Needs		=					
		X	1.85				
185% of Needs		=					

If "a" is larger than "b", you are not eligible and all the Cash Aid you got in the month is an overpayment. The amount of your overpayment is figured in (C) and (D) below.

(B) Net Countable Income

Total Earned Income		$					
Work Expense Disregard		–					
		–					
		–					
$30 Disregard		–					
$30 and 1/3 Disregard		–					
Dependent Care Disregard		–					
		–					
		–					
Other Countable Income (List Sources)							
		+					
		+					
		+					
		+					
Court Ordered Support Paid		–					
Net Countable Income		=					

(C) Correct Cash Aid Payment

Basic Aid Amount (# persons) $ Amount			( )	( )	( )	( )	( )	( )
Special Needs		+						
Net Countable Income		–						
		–						
		–						
Correct Cash Aid Amount		=						
Cash Aid Actually Received		$						
Support Payments Collected for You		–						
		–						
Subtotal A		=						
Correct Cash Aid Amount		$						
Support Payments Collected for You		–						
		–						
Subtotal B		=						

(D) Overpayment

Amount of Overpayment (Subtotal A minus Subtotal B)		=						
Total Overpayment (All Months)								$

Rules: These rules apply; you may review them at your Welfare Office: MPP 44-352.41

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of Page 1 tells how

NOTICE OF ACTION
(Continued)

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____

Your net countable income is shown below. The Family Support Act of 1988 changed the way work expenses are figured.

Your Countable Income In _____ (MONTH)

Total Earned Income	$	
Work Expense Disregard	−	
$30 Disregard	−	
$30 and 1/3 Disregard	−	
Dependent Care Disregard	−	
Other Countable Income (list sources)		
_____	+	
_____	+	
_____	+	
Court Ordered Support Paid	−	
Net Countable Income	=	

Your Cash Aid In _____

Basic Aid for _____ Persons	$	
Special Needs	+	
Subtotal	=	
Net Countable Income	−	
Cash Aid subtotal	=	
Overpayment Adjustment (separate page)	−	
Monthly Cash Aid Amount	$	

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of page 1 tells how.

ATTACHMENT I

NOTICE OF ACTION
(Continued)

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____

Your net countable income is shown below. The Family Support Act of 1988 changed the way work expenses are figured.

Your Countable Income In _____ (MONTH)

Total Earned Income	$ _____
Work Expense Disregard	− _____
$30 Disregard	− _____
$30 and 1/3 Disregard	− _____
Dependent Care Disregard	− _____
Other Countable Income (list sources)	
_____	+ _____
_____	+ _____
_____	+ _____
Court Ordered Support Paid	− _____
Net Countable Income	= _____

Your Cash Aid In _____

Basic Aid for _____ Persons	$ _____
Special Needs	+ _____
Subtotal	= _____
Net Countable Income	− _____
Cash Aid subtotal	= _____
Overpayment Adjustment (separate page)	− _____
Monthly Cash Aid Amount	$ _____

During the first month you will get: $ _____
During the last month, if nothing changes, you will get: $ _____

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of page 1 tells how.

This is a sample copy showing the information which must be added to the Temp NA 276 when it is attached to the old versions of the NA 201 and NA 202. A camera-ready copy of this modification is not available.

ATTACHMENT 7

NOTICE OF ACTION
(Continued)

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____

Your net countable income is shown below. The Family Support Act of 1988 changed the way work expenses are figured.

Your Countable Income In _____ (MONTH)	
Total Earned Income	$ _____
Work Expense Disregard	− _____
$30 Disregard	− _____
$30 and 1/3 Disregard	− _____
Dependent Care Disregard	− _____
Other Countable Income (list sources)	
_____	+ _____
_____	+ _____
_____	+ _____
Court Ordered Support Paid	− _____
Net Countable Income	= _____

Your Cash Aid In _____	
Basic Aid for _____ Persons	$ _____
Special Needs	+ _____
Subtotal	= _____
Net Countable Income	− _____
Cash Aid subtotal	= _____
Overpayment Adjustment (separate page)	− _____
Monthly Cash Aid Amount	$ _____

Family Needs	
Basic Need for _____ Persons	$ _____
Special Needs	+ _____
(B) Family Needs	= _____

☐ Lump Sum Ineligibility
Your net countable income (A) divided by your family needs (B) equals the number of ineligible months: _____
There is a remainder of $ _____
It counts against your grant in _____ (MONTH)

☐ You are not financially eligible in _____ (MONTH)

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of page 1 tells how.

This is a sample copy showing the information which must be added to the Temp NA 276 when it is attached to the old version of the NA 210. A camera-ready copy of this modification is not available.